\*\* Mail this reimbursement packet within 15 business days of working group's conclusion \*\*



## **NCEAS Reimbursement Packet**

Administrative Database Update Sheet

Use to assure proper calculations. Do not use Preview (Mac)

Please review and upd	date the following information.	NCEAS-related	products can also be re	eported at http	o://nceas.ucsb.edu/results.

## Name

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Please print forms, sign on page 2, and return documentation to:

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\*\* Mail this reimbursement packet within 15 business dayg of working group's conclusion \*\*

## **NCEAS Reimbursement Packet**

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	vere incurred by me on official University busi	ness on the dates indicated.
rtify that the expenses claimed above w		

## **Meal Reimbursement Worksheet**

- \* List actual dollar (\$) amount paid for meals. The maximum allowed is \$55.00/day.
- \* If you pay for others' meals, Xc'bch'WUJa 'h\Y]f'a YU'g'cb'h\]g'k cf\_g\YYh''5g\_'h\Ya 'hc'fY]a Vi fgY nœi 'X]fYWimUbX'WUJa 'h\Y]f'Yl dYbgYg'cb'h\Y]f'k cf\_g\YYhg''
- \* If you are a UC Santa Barbara employee:
  - Mci 'a i gh`]gh'U``h\Y'k cf\_]b[ '[fci d'dUfh]V]dUbhg'k \c'UfhYbXYX'h\Y'k cf\_]b[ lunch or dinner.
  - ! Noti a i ghgi Va ]horiginalž ]hYa ]nYX fYW]dnož g\ck ]b[ ZccX ]hYa g di fW\UgYX UbX YI Wi X]b[
- - You can claim only lunch and dinner expenses associated with working group meals.

Date Breakfast (MM/DD/YY) (Not UCSB employee	<b>Lunch</b> es when in SB)	Dinner	<b>Total</b> (≤\$55)
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Please print forms, sign, and return documentation to:

NCEAS, Attn: Travel Coordinator, 735 State Street, Suite 300, Santa Barbara, CA 93101-5504 All non-U.S. citizens must submit documentation before leaving NCEAS.